HCBS Utility Upload Guide

How to Access the Utility Application

1. Go to the KDADS Main Website (http://www.kdads.ks.gov/)
2. Select Home and Community Based Services under the Community Services and Programs Commission
3. Select the HCBS File Utility Link (http:/www.kdads.ks.gov/commissions/csp/hcbs-file-utility)
4. Click on the link to the KDADS Security Agreement
5. Complete the empty fields with the information of the data entry person
   ▪ Under Specific Application Request, indicate the specific Utility Tool Security Request
      - For example, type "*IDD Upload Utility Security Request"* to request access to IDD Utility Upload Tool
6. Click "Submit Request"

How to Upload Files to the Utility Application

1. Return to HCBS File Utility Link (http:/www.kdads.ks.gov/commissions/csp/hcbs-file-utility)
2. Click on link for the applicable Upload Tool and complete required fields (see table for directive)

	HCBS Functional Eligibility Assessors	IDD Utility Upload	TBI Utility Upload	PD Utility Upload	HCBS General Utility Upload
Referral and Request Type(s)	-Assessor Qualification -Assessor Exception	-Crisis -Exception -ICF-IID	-TBI Eligibility -TBIRF Eligibility	-Crisis	1. Provider Qualifications 2. FMS KDADS/Provider Agreements Request for IVR Exceptions
Responsible Party	Assessing Entities (i.e., ADRC, CDDO, KVC, CRC)	CDDO	-ADRC -TBIRF/Acute Hospital	ADRC	1. MCO Users 2. FMS Providers
Organization	Assessing Entity (i.e., KVC)	CDDO (i.e., Arrowhead West, Inc.)	-ADRC (i.e., Johnson County ADRC) **OR** -TBIRF (i.e., Meadowbrook) -Hospital (i.e., KUMC)	ADRC (i.e., Jayhawk ADRC)	1. MCO (i.e., Sunflower, Amerigroup, United) 2. FMS Providers
Email Address	Organization contact	Organization contact	Organization contact	Organization contact	Organization contact
Name	Consumer	Consumer	Consumer	Consumer	Provider Name
Note	-Assessor Qualifications: Entity, Review Year, Request Type (i.e., ADRC 2014 Assessor Qualification Review) -Assessor Exception: Entity, Assessor Name,	Request Type, Date (i.e., IDD Crisis Request April 2015)	Request Type, Date (i.e. TBIRF Request April 2015)	Request Type, Date (i.e., PD Crisis Request April 2015)	-Provider Qualifications: MCO, Review Year, HCBS Program, Provider Type (i.e., Amerigroup 2015 PD Personal Care Services) -FMS: FMS Agreement, FMS

	Request Type (i.e., ADRC-John Smith Exception Request)				Readiness Review Documents, IVR Exceptions, others as instructed
Required Documentation	-Assessor Qualifications: degree/diploma, licensure, training certificates, background check (Refer to Assessor Qualification Table for complete list) -Assessor Exception: exception request letter and supporting documentation	-Crisis/Exception: I/DD Notification form, IDD Evaluation of Crisis Needs Assessment (PUNS), Crisis Request or Exception Form, Person Centered Support Plan, Behavior Assessment, Support Plan, Behavior Management Plan, DCF documentation (requests for ANE), CDDO Crisis Review documentation form, Consumer/Consumer representative consent, release of information -ICF-IID: Referral and Prescreen Form and Denial Letters OR gatekeeping summary, court order, guardianship papers, PCSP, active treatment determination	-TBI: Medical Records, 3160 -TBIRF: Kansas TBI Referral Form, Medical Records, Intake Assessment, Medicaid Application, PMDT/Social Security Documents	-Crisis: HCBS PD Evaluation of Crisis Needs Assessment **AND** ▪ APS/CPS confirmation of ANE, **OR** ▪ APS/CPS report or court documentation of family dissolution, **OR** ▪ Physician letter of terminal illness, **OR** ▪ Court documentation/police report of domestic violence, **OR** ▪ APS/CPS report or medical documentation of complete dependence, **OR** ▪ Physician letter of imminent risk of institutionalization	-Provider Qualifications: background checks, licensure, certification, training certificates, degree/diploma (Refer to Provider Qualification Table for complete list) -FMS: FMS Agreement, FMS Readiness Review Documents, IVR Exceptions, and others as instructed

NOTE: If additional information is request by the HCBS Program Manager, the entity must submit a new referral and request using the same process. The entity should follow the directive in the "Note" field of the chart above and include "additional information." **For example, the "Note" field of the referral and request form would state "IDD Crisis Request May 2015- additional information."**

http://www.kdads.ks.gov/home

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AD ASTRA PER ASPERA

Kansas
Department for Aging
and Disability Services

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KDADS PROGRAMS AND SERVICES BY COMMISSION

AGING

- Aging and Disability Resource Center
- Older Americans Act (OAA)
- Senior Care Act (SCA)
- Medicare Programs
  - Senior Health Insurance Counseling for Kansas (SHICK)
  - Senior Medicare Patrol (SMP)
  - Medicare Improvements for Patients and Providers Act (MIPPA)
- Nursing Home Assessment (CARE)
- Respite for Caregivers
- Publications and Reports

COMMUNITY SERVICES AND PROGRAMS

- Behavioral Health Services
- Behavioral Health Funding Opportunities
- Home and Community Based Services (HCBS)
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Respite for Caregivers
- HCBS Program Renewal Information
- HCBS Final Rule Transition Plans
- Provider Resource Connection
- Publications and Reports

SURVEY, CERTIFICATION AND CREDENTIALING

- Abuse, Neglect or Exploitation
- Health Occupations Credentialing (HOC)
- Workforce Enhancement Grant
- Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK)
- Surveys and Reports
- Adult Care Home Directory and Inspection Reports (to access, you will need to use one of the following Web browsers: IE9, IE10, Firefox 33.1.1 or Safari 5 for Windows)

NEWS HIGHLIGHTS

QUICK LINKS

' KDADS' Medicare, Medicaid Fraud

- Media Center

Done   Internet | Protected Mode: On   100%

Home and Community Based Services (HCBS) - Windows Internet Explorer

http://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)

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KDADS Community Services and Programs Commission Homepage

Kansas

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Community Services and
Programs Commission

Home and Community Based Services (HCBS)   Behavioral Health Services   HCBS File Utility

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Home and Community Based Services (HCBS)

Behavioral Health Services

HCBS File Utility

**View Upcoming Changes,
Updates or New
Information for HCBS
Programs**

HOME AND COMMUNITY BASED SERVICES (HCBS)

Home and Community Bases Services (HCBS) provides oversight for a system community based supports and services for persons in Kansas with disabilities. Current news for HCBS can be found at Current HCBS News. Information about HCBS Program renewals can found at HCBS Programs and Renewal Information. Providers include a variety of private not-for-profit and for-profit organizations as well as governmental entities. These services are provided through six programs:

- **Autism (AU) - child who starts services before age 6**

- **Frail Elderly (FE) - 65+ years**

- **Intellectual and Developmental Disability (I/DD) - 5+ years**

- **Physical Disability (PD) - 16-64 years**

- **Technology Assisted (TA) - 0-21 years**

HCBS File Utility - Windows Internet Explorer

http://www.kdads.ks.gov/commissions/csp/hcbs-file-utility

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 Intellectual/Developmentally Disabled (I/DD)
 Money Follows the Person
 Parent Fee Program
 Physically Disabled
 Program of All-Inclusive Care for the Elderly (PACE)
 Technology Assisted Program

DOCUMENT UPLOADS

HCBS Functional Eligibility Assessors

This application requires a KDADS Web Applications login. If the user does not have a KDADS login, they can register at KDADS by clicking this link:

KDADS Security Agreement

When requesting access, include "**HCBS Functional Eligibility Assessors and Upload Utility**" in the Specific Application Request section of the Security Agreement Form.

KDADS Security Agreement - Windows Internet Explorer

https://webapps.aging.ks.gov/pls/apex_p18/f?p=101:210:1234877802872138

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KDADS Security Agreement

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Kansas Department for Aging and Disability Services

Information System Resources User Security Agreement
Rev. 05/21/2015

I understand that all the client information contained on Kansas Department for Aging and Disability Services (KDADS) computer systems/or any other agency's computer systems to which I have access is confidential. I agree not to copy and/or disclose any information regarding persons who have applied for, have received, or who are receiving public assistance, other benefits or services from KDADS to any unauthorized groups or individual; or to any person for any purpose other than the administration of the KDADS programs using these computer systems.

I also agree to protect all information available to me through interfaces with other agencies, whether the information is on the KDADS computer systems via direct computer access; from hard copy documents; or other means of communication. This includes but is not limited to information from the Internal Revenue Service, the Social Security Administration and the Kansas Departments of Labor, Health and Environment, Revenue and Administration.

I understand and will comply with the applicable requirements of federal and state laws and regulations protecting the confidentiality, integrity and availability of protected health information including, but not limited, to the following laws and their implementing regulations:
- The federal Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA");
- The American Reinvestment Act of 2009, as amended (the "HITECH ACT"); and
- The federal confidentiality law found at 42 U.S.C. 290dd-2, as amended, and its implementing regulations contained in 42 C.F.R. Part 2 governing the confidentiality of alcohol and drug abuse patient records.

I understand that I may only use Information System Resources for those specific functions for which I have been authorized.

I understand that the password(s) I create is or are confidential, may not be shared, and shall be used only by myself. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor and to KDADS HELP DESK and will change my password at that time.

I understand whenever I leave my workstation I must sign-off my personal computer or I must invoke a password protected screen saver with a screen lock to prevent unauthorized access by moving the mouse or using the keyboard.

I understand I must change my password(s) at least every sixty days.

I have read this entire document and agree to abide by its terms.

I also understand that any violation of this agreement may result in disciplinary action which may include discharge.

Furthermore, I understand that I may be prosecuted if I knowingly and intentionally use any KDADS' computer systems/or any other agency's computer systems I access for fraudulent or other unlawful purposes.

I further agree to comply with KDADS' security, computer, HIPAA or confidentiality policies, procedures and other requirements, as presently existing, or which may be hereinafter created and/or amended.

I further agree to "encrypt" any emails that are sent outside of the KDADS which may contain protected health information.

Policy: Password Management and Provisions

Where users belong to any Administered KDADS system, their password settings are to meet the following.
Passwords will be:
- Individually owned
- Kept confidential and not shared with other users
- Changed whenever disclosure has occurred or may have occurred
- Changed significantly (i.e., not a minor variation of the current password)
- Expires every sixty days

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Upload Utility - Windows Internet Explorer

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KDADS File Upload Utility

HCBS Functional Eligibility Assessors

Instructions

1. Enter all required fields which are indicated by the yellow star icon ✱ .
2. Click on the **Create** button.
3. The **Apply Changes** button is used if changes are needed to the the **Identification Information** items.
4. After the Identification Information is created, the **Upload/View Attachment** link will be displayed. Click this link and follow the upload instructions displayed within the document upload page.
5. Once all documents are uploaded, click the **Exit** button to return to the KDADS Provider website.

| Create New Identification Record | Exit to KDADS Provider Website | Return To List (Upload Utility Role) |

Identification Information

✱ Organization
(Organization name, Provider name , or Agency name)

✱ E-Mail Address
(Your email address, used for followup correspondence.)

✱ Name
(The name uniquely identifying the person or issue these documents will be related to when uploaded.)

Note
(Additional information which may have been requested or added to add clarity to the posting.)